



# PROVIDER BULLETIN



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Network Providers

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## **IMPLEMENTATION OF HIPAA 5010 STANDARDS**

Effective January 1, 2012, the State will only accept claims submitted in the HIPAA 5010 format. To meet this requirement, the Los Angeles County Department of Mental Health (DMH) will be conducting tests and making upgrades for several months, and therefore, claims will be unable to be transmitted to the State. Implementation of these requirements may require a temporary shutdown of the Integrated System (IS) during the month of either February or March 2012.

Additionally, Electronic Data Interchange (EDI) providers/billers will not have their claims accepted by DMH until the provider/biller's EDI and the Integrated System are compliant with the new HIPAA 5010 standards.

The following is the link to the letter sent to Fee for Service Providers regarding the Transition to HIPAA 5010 in October 2011:

<http://lacdmh.lacounty.gov/hipaa/documents/TransitionoftheIStomeetHIPAA5010requirements.pdf>

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## CLAIM SUBMISSION PROCEDURES AND DEADLINES

Providers were informed that **EDI claims entered into the IS after November 15, 2011 and DDE claims entered into the IS after November 16, 2011 would be converted into the new claiming format and be sent to the State in March or April 2012 after the IS has been upgraded to the 5010 format.**

To prepare for the transition, providers are to make sure that claiming is up to date and all claims for services through April 2011 are submitted to the IS by **November 15<sup>th</sup> (for EDI providers) and November 16<sup>th</sup> (for DDE providers).**

Please note that these changes will not require providers to hold claims. Please continue to submit your claims as usual and **do not hold your claims**. By not abiding by this timeframe, providers/billers reduce the amount of time for DMH to process the claims and allow for reimbursement.

### STATE-PROVIDED LATE CODE "9" FOR 5010

During the transition from HIPAA 4010 to HIPAA 5010, the California Department of Health Care Services (CDHCS) has allowed for the use of "good cause" late code, also known as Delay Reason Code 9. Late code 9 is applicable to claims submitted after six-months from the date of service. However, good cause late code is not to be used for original claims received by the State more than 12-months after the date of service. **Late code "9" is only applicable to claims for dates of service between July 2011 and March 2012, just for delays due to implementation, and can begin using on November 18.** Providers must use late code 9 or other more appropriate late code on all claims that will be adjudicated by the State in case there is a delay in DMH changes to the IS.

### IMPLEMENTATION EFFECTS ON PAYMENT

Monthly payments to EDI providers in January and February 2012 will be based on claims submitted into the IS by December 13, 2011, and January 17, 2012 respectively. Starting January 1, 2012, DMH may not legally accept non-compliant transactions through EDI. EDI providers/billers have three options to choose from with regards to submitting claims between January 1, 2012, and when the providers and the Integrated System are 5010 compliant:

- 1) Enter all claims through DDE;
- 2) Enter high priority claims through DDE and hold the remaining claims until such time as they can be transmitted in a HIPAA 5010 format;
- 3) Hold all claims until they can be transmitted in a HIPAA 5010 format.

Note that DMH payments will be based on claims submitted to the IS; therefore, providers are encouraged to submit claims through DDE during this timeframe.

Monthly payments to DDE providers will be based on claims submitted into the IS.



## GETTING STARTED GUIDE FOR CLAIMING

In preparation for this transition, a training manual has been created to guide providers/billers through the process of submitting claims via DDE. The guide is available in IS Website and can be located at the following location:

[http://lacdmh.lacounty.gov/hipaa/ffs\\_UIS\\_TrainingModules.htm](http://lacdmh.lacounty.gov/hipaa/ffs_UIS_TrainingModules.htm).

For assistance with DDE claiming, please contact the Provider Relations Unit at (213) 738-3311.

## IMPORTANT DATES AND DEADLINES

- November 15<sup>th</sup>: EDI claims for services rendered in April 2011 or prior must be submitted with the appropriate late code into the IS by this day.  
EDI claims submitted after November 15<sup>th</sup> will not be sent to the State until after the IS has been upgraded to the 5010 format.
- November 16<sup>th</sup>: DDE claims for services rendered in April 2011 or prior must be submitted with the appropriate late code into the IS by this day.  
DDE claims submitted after November 16<sup>th</sup> will not be sent to the State until after the IS has been upgraded to the 5010 format.
- November 18<sup>th</sup>: Start day for using late code 9 to reflect delays in DMH sending the claim to the State because of 5010 implementation.
- December 13<sup>rd</sup>: Last day for EDI submitters to submit claims to be paid in January.
- January 1<sup>st</sup> 2012: Federal mandate HIPAA 5010 standards implemented
- January 17<sup>th</sup>: Last day for EDI submitters to submit claims to be paid in February.

## IMPORTANT TELEPHONE NUMBERS

DMH Help Desk .....	(213) 351-1335
ACCESS (24 hours) .....	(800) 854-7771
Provider Relations Unit (FFS Providers' First Point of Contact) .....	(213) 738-3311
Provider Reimbursement .....	(213) 738-2309
Integrated System Users After Hours Support .....	(562) 940-0617